

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90231 045 \*\*\*150.00

**DOCUMENT # P93000078733**

1. Entity Name

**SAFC OF PALM BEACH COUNTY, INC.**

Principal Place of Business Mailing Address  
**JAG RD 6185 JAG RD**  
**LAKE WORTH FL 33467 LAKE WORTH FL 33467**  
**US**

2. Principal Place of Business 3. Mailing Address  
**6185 JAG Rd. 6185 JAG Rd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Lake Worth FL Lake Worth FL**  
 Zip Country Zip Country  
**33467 PB 33467 PB**

4. FEI Number **65-0453749** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HUBSCHER, DONNA A.**  
**6185 JAG RD**  
**LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable) **6185 JAG Rd.**  
 City **Lake Worth, FL** FL Zip **33467**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBSCHER, DONNA A.		NAME		
STREET ADDRESS	1014 MANOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBSCHER, BONNIE J.		NAME		
STREET ADDRESS	171 LAKE ARBOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBSCHER, TAYLOR M		NAME		
STREET ADDRESS	1027 10TH WAY		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, BRANT A.		NAME		
STREET ADDRESS	6870 HAMMOCK LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Brant A. Butler** Secretary **4-24-00 (361) 439422**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #